

Donation form

Please complete the following donation form and submit it to our office. If you have questions, please call 403 216 9210.

Yes! I want to help children with cancer by making a gift to the Kids Cancer Care Foundation of Alberta.

1. One-time donation

- I prefer to make a one-time donation
- I wish to make a contribution of \$ _____
(Please specify amount)

Please direct my gift to

- Area of greatest need
- Research
- Camp programs
- Hospital programs
- Scholarship program
- I prefer to pay by cheque. Please accept the enclosed cheque.
- I prefer to pay by credit card.
Please charge the above amount to my
 VISA Mastercard

Card number

Expiry date

Date

Signature

2. Monthly donations – League of Superheroes

- I wish to make monthly contributions to childhood cancer research. Please accept my gift of
- \$10/month \$20/month
- \$50/month \$100/month
- Other \$ _____ /month (Please specify amount)

Payment options

- I wish to make monthly contributions directly from my bank account. Enclosed is a void cheque, authorizing the Kids Cancer Care Foundation of Alberta and its agent bank to automatically debit my chequing account on the first day of each month for the above amount.
- I wish to make monthly payments by credit card. Please charge the above amount to my
 VISA Mastercard

Card number

Expiry date

I understand that I may cancel my bank or credit card authorization at any time with written notice to Kids Cancer Care. I also understand that I will receive a charitable tax receipt at year-end for the total of my donations.

Date

Signature

Donor information

Salutation Mr. Mrs. Ms. Miss Dr.

Name

Address

City

Province

Postal code

Telephone (day)

Telephone (evening/cell)

Email

Communication from Kids Cancer Care

As a donor, you will receive a copy of our newsletter twice a year. It is our way of keeping in touch with you and updating you on our activities and progress. If you prefer NOT to receive our newsletter, please indicate here:

I do NOT wish to receive regular communication from Kids Cancer Care.

Please indicate if you wish to be informed about our fundraising events:

- | | |
|--|---|
| <input type="checkbox"/> All events | <input type="checkbox"/> Parents' Quest for the Cure gala |
| <input type="checkbox"/> Ride for a Lifetime | <input type="checkbox"/> Don & Joanne Golf a Kid to Camp tournament |
| <input type="checkbox"/> Dad & Daughter Gala | <input type="checkbox"/> High Hopes Challenge |

How did you hear about Kids Cancer Care?

- | | | |
|--|---|--|
| <input type="checkbox"/> Family member or friend | <input type="checkbox"/> Workplace | <input type="checkbox"/> School |
| <input type="checkbox"/> Media | <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> YouTube | <input type="checkbox"/> Kids Cancer Care event | <input type="checkbox"/> Kids Cancer Care newsletter |
| <input type="checkbox"/> Kids Cancer Care website | <input type="checkbox"/> Kids Cancer Care mailing | <input type="checkbox"/> Kids Cancer Care email |
| <input type="checkbox"/> Other <i>(please specify)</i> _____ | | |

Contact us

Please submit your completed donation form to our office. Feel free to contact us if you have any questions.

**Kids Cancer Care
Foundation of Alberta**
609 – 14 Street NW, Suite 302
Calgary, Alberta T2N 2A1

staff@kidscancercare.ab.ca
Telephone 403 216 9210
Toll-free 1 888 554 2267 (in Alberta)
Facsimile 403 216 9215

Thank you for caring!

Kids Cancer Care is a registered charity #89940 9171 RR0001. Tax receipts will be issued for donations over \$20.